



UTILITIES AND TRANSPORTATION COMMISSION

Assignment Report Motor Carrier Safety

Upload? [ ] Yes [X] No - Reason for Not Uploading: Intrastate

1. Investigator(s): Rick Smith 2. Assignment No.: 118123

3. Current Date: 5/31/2013 4. Date of Activity: 5/29/2013

5. Carrier Name: PAPADIMUS, NICHOLAS DBA ORION NW

6. Permit: Pending 7. New Entrant date of authority:

8. MOTCAR No.: 7285

9. Carrier is: [X] Intrastate Only [ ] Interstate Only [ ] Intra and Interstate

10. Industry Code: 232

11. USDOT No.: 2402790

12. MC No.: 000000

13. [ ] Destination Check

Form for Destination Check containing checkboxes for safety plan attachment, inspection counts, and special emphasis.

14. [ ] Safety Complaint

Form for Safety Complaint containing checkboxes for complaint plan, activity completion, and inspection levels.

15. [X] New Entrant - Charter, Auto Transportation

Form for New Entrant containing checkboxes for carrier referral and authority requests.

16.  **New Entrant- HHG**

▪ Is this carrier referred by FMCSA, operating intra and interstate:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Is this carrier based in another state, requesting intrastate authority:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Is this carrier based in Washington, requesting intrastate authority:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Did staff complete the following:		
♦ Inspect all vehicles between three and eighteen months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____		
♦ Conduct a SI/SA between three and eighteen months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> SI <input type="checkbox"/> SA
♦ Conduct technical assistance within three months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

17.  **CSA Investigation**

<input type="checkbox"/> Full Investigation
<input type="checkbox"/> Focused Investigation
<b>Basic is for:</b> <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> HHG Carrier <input type="checkbox"/> Solid Waste Carrier
<b>Basic Threshold Percentile is;</b>
<input type="checkbox"/> Unsafe Driving _____%
<input type="checkbox"/> Fatigued Driving (HOS) _____%
<input type="checkbox"/> Crash _____%
<input type="checkbox"/> Driver Fitness _____%
<input type="checkbox"/> Drug/Alcohol _____%
<input type="checkbox"/> Vehicle Maintenance _____%

18.  **Individual Safety Plan Only:**

What activity did staff complete for this safety complaint?
<input type="checkbox"/> Attach a copy of the Individual Carrier Safety Plan.
<input type="checkbox"/> Safety Investigation
<input type="checkbox"/> Technical assistance
<input type="checkbox"/> Number of vehicle inspections: Level 1 _____ Level 2 _____ Level 5 _____
<input type="checkbox"/> Unannounced terminal visit
<input type="checkbox"/> Other (please explain): _____

19.  **Safety Investigation:**

**Safety Audit:**

▪ SI Rating: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Conditional
▪ SA Rating: <input type="checkbox"/> Pass <input type="checkbox"/> Fail
▪ Number of vehicles operated: _____
▪ Number of drivers operated: _____
▪ Total miles for prior year: _____
▪ Recordable accidents for prior year: _____
▪ Accident Ratio: <u>  n/a  </u>

20.  **Part B Violations:**

Part	Violations	Part	Violations	Part	Violations
382/40		383		387	
390		391		392	
395		396		397	

21.  **Vehicle Inspection Data:**

	MC	MB 1-15	MB 16+	SB 1-8	SB 9-15	SB 16+	VAN 1-8	VAN 9-15	TRK	TT	TRA
Inspections		1						1			
Defective Vehicles		0						0			
OOS Vehicles		0						0			
Level		5						5			

22.  **Vehicle Inspection Violations:**

	MC	MB 1-15	MB 16+	SB 1-8	SB 9-15	SB 16+	VAN 1-8	VAN 9-15	TRK	TT	TRA
Brakes											
Steering											
Lights											
Tires, wheels, rims											
Horn											
Windshield and Wipers											
Mirrors											
Emergency Equip, Exits											
Coupling Devices											
Frame											
Suspension											
Exhaust											
Other											
Comment:											

23.  **Driver Inspection Violations:**

Medical Card	Medical Waiver	Hours of Service	Drivers License
Comment:			

24. **Relevant Carrier History:** This carrier is requesting intrastate charter-excursion authority and has not had a prior review.

25. **Findings:** One 14 passenger Van and one 15 passenger bus for this carrier was fully inspected CVSA level-5 with one initial violation discovered on the van of no drive line protection, but this was immediately corrected. Neither of the two vehicles had yet provided any passenger transportation services on a public road prior to this inspection so the violation was not documented in an ASPEN report for upload to the WSP, especially since there had not yet been a violation of RCW or CFR regulatory law.

After the correction was made then an inspection document was generated for both vehicles and these inspection documents will be forwarded to the WSP for data entry reporting. A safety presentation was made to the company owners William Prigmore and Dalila Prigmore. A UTC safety manual was provided for study and future reference.

26. **Recommended Action:**

- No further action.
- Notify the company in writing of the findings by providing a copy of the safety investigation, vehicle inspection report, safety audit or other similar document.
- Require the company to submit a compliance plan in response to the 15-day letter requirement.
- Recheck – Safety Investigation (Date: \_\_\_\_\_ )
- Revisit to recheck a specific issue (Date: \_\_\_\_\_ )
- Send the company a compliance letter. Require a response:  Yes  No
- Issue administrative penalties in the amount of \$
- Issue a complaint.
- Stop company operations.

27. **Is this carrier considered a high risk carrier as a result of this activity?**

- Carrier accident ratio is higher than aggregate ratio.
- Carrier had an out-of-service ratio 25% or higher at the last vehicle inspection.
- Carrier had a defect ratio 75% or higher at the last vehicle inspection.
- Carrier received more than one conditional or unsatisfactory safety investigation rating in more than one of the last four safety investigations (or less than four if four are not completed).
- Other (please explain): \_\_\_\_\_

28. **Additional Comments:** Carrier is well managed with well maintained vehicles to provide the passenger services as being requested. I recommend authority be issued.

Investigator's Signature: Richard Smith



Initial Review By:                     



Date:                     

5/31/13

Reviewer's Recommendation:                     

Agree with recommendations

OK to issue -

Final Review By: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewer's Recommendation:  
\_\_\_\_\_

**OFFICE USE ONLY**

Date Closed: 5/23/13 By: Mike Dotson

Company Name: Orion NW

Assignment #: 112123

Staff Assigned: Smith

112123



- Connected Driveline Protection Strap -